

**MEDICAL CONCERN FORM**  
**2019 – 2020**

Please list any allergies (food, medicines, environmental, animals, etc.) or medical conditions as well as any medications your child/children may have.

Name of Child \_\_\_\_\_ Grade \_\_\_\_\_

Allergies: \_\_\_\_\_

Foods \_\_\_\_\_

Medicines \_\_\_\_\_

Other \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Is your child on medication? If yes, please indicate: \_\_\_\_\_

Medication taken at home? \_\_\_\_\_

Medication at school (asthma inhalers/epi- pen \_\_\_\_\_